2311

CERTIFICATE OF DEATH

Vol. M75 Page 7430

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL DISTRICT AND CERTIFICATE NUMBER 4300-03561

STATE FILE NUMBER

1a NAME OF DECEASED—FIRST NAME: Louis	1b MIDDLE NAME: R.	1c LAST NAME: BECKHARDT	2a DATE OF DEATH MONTH DAY YEAR: June 20, 1975	2b HOUR: 3:50 A.M.	
3 SEX: MALE	4 COLOR OR RACE: Cauc	5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska	6 DATE OF BIRTH: March 17, 1937	7 AGE (LAST BIRTHDAY): 38 YEARS	IF UNDER 1 YEAR / IF UNDER 24 HOURS
8 NAME AND BIRTHPLACE OF FATHER: John Beckhardt / Maryland			9 MAIDEN NAME AND BIRTHPLACE OF MOTHER: Betty Olenslagher / Oregon		
10 CITIZEN OF WHAT COUNTRY: U. S. A.	11 SOCIAL SECURITY NUMBER: 559-56-1655	12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mary Caneta		
14 LAST OCCUPATION: Parts Manager	15 NUMBER OF YEARS IN THIS OCCUPATION: 6 mo.	16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Ford Agency -Sunnyvale	17 KIND OF INDUSTRY OR BUSINESS: Automobile		
18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTIONAL FACILITY: ----		18b STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 655 South Fairoaks Ave., #303-C		18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes	
18d CITY OR TOWN: Sunnyvale		18e COUNTY: Santa Clara	18f LENGTH OF STAY IN COUNTY OF DEATH: 6 mo. YEARS	18g LENGTH OF STAY IN CALIFORNIA: 6 mo. YEARS	
19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 605 South Fair Oaks Apt. 303C		19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes	20 NAME AND MAILING ADDRESS OF INFORMANT: Mary Beckhardt (wife) 1734 Johnson Ave. Klamath Falls, Oregon 97604		
19c CITY OR TOWN: Sunnyvale	19d COUNTY: Santa Clara	19e STATE: California			
21a CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW: Investigation	21b PHYSICIAN: I HEREBY CERTIFY THAT I LAST ATTENDED DECEASED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I MAKE THIS CERTIFICATE FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND (SIGNATURE OF PHYSICIAN) (ENTER MONTH, DAY, YEAR)	21c PHYSICIAN OR CORONER—SIGNATURE: John E. Hauser, M.D.	21d DATE SIGNED: June 20, 1975		
		21e ADDRESS: Medical Examiner-Coroner 751 So. Bascom, San Jose	21f PHYSICIAN'S CALIFORNIA LICENSE NUMBER: #A17675		
22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b DATE: 6/23/75	23 NAME OF CEMETERY OR CREMATORY: Eternal Hills Memorial Oregon	24 EMBALMER—SIGNATURE OF PERSON EMBALMED: Pk Walter N. Stinson	24a EMBALMER'S LICENSE NUMBER: 6272	
25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): O'Hairs Funeral Chapel		26 IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO):	27 LOCAL REGISTRAR—SIGNATURE: P. Giansiracusa M.D.	28 DATE ACCEPTED BY LOCAL REGISTRAR: JUN 20 1975	

29 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

- IMMEDIATE CAUSE (A): Occlusion, Anterior Descending Coronary Artery
- DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerotic Cardiovascular Disease
- DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30 PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEMS 29 OR 30? IF SO, GIVE DATE OF OPERATION AND SPECIFY WHICH CONDITION: No	32a AUTOPSY? (SPECIFY YES OR NO): Yes	32b IF YES, WERE FINDINGS CONSIDERED IN DETERMINATION OF CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34 PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a DATE OF INJURY MONTH DAY YEAR	36b HOUR
37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	38. WERE ANY OTHER PERSONS INJURED OR KILLED? (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

A. B. C. D. E. F.

RECEIVED 10:08AM

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MARY BECKHARDT

this 1st day of Junly A. D., 19 75 at 10:08 o'clock A. M., and duly recorded in

Vol. M 75, of Deeds on Page 7430

FEE $ 3.00

Return to: Mary Beckhardt
1734 Johnson Ave, City
Klamath Falls, Or

WM. D. MILNE, County Clerk

By Carol H. Keller Deputy

Certified as a true copy of the official document filed in this office
June 27, 1975
Certification fee $2.00

P. Giansiracusa M.D.
Local Registrar of Vital Statistics, Santa Clara County Health Department
San Jose, California 95128

Ted N. Myers
Deputy Registrar of Vital Statistics, Santa Clara County Health Department
San Jose, California 95128